

## **Surplus Property Affidavit of Destruction**

**Destruction Authorization No.** \_\_\_\_\_

**Destruction Authorization Date:** \_\_\_\_\_

**Agency:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **GA, Zip:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

### **Destruction Affidavit**

I, \_\_\_\_\_ of \_\_\_\_\_,  
(Print Name) (Agency)

do hereby certify that on \_\_\_\_\_ at \_\_\_\_\_  
(Date) (Location)

that the property listed on Destruction Authorization # \_\_\_\_\_ was  
rendered totally unserviceable by destruction.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ in \_\_\_\_\_, GA  
(Day) (Month) (Year) (County)

Signature: \_\_\_\_\_

Title: \_\_\_\_\_

### **Witness Affidavit**

I do hereby certify that I witnessed the destruction of the property listed on Destruction  
Authorization # \_\_\_\_\_

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ in \_\_\_\_\_, GA  
(Day) (Month) (Year) (County)

Signature: \_\_\_\_\_

Title: \_\_\_\_\_

This Affidavit of Destruction must be attached to the corresponding Destruction Authorization. The completed affidavit must be returned to the GA DOAS Surplus Property Division within 14 days from date of authorization. Completed affidavits not returned within 14 days will be voided.